

STATE OF COLORADO
DEPARTMENT OF AGRICULTURE
 700 Kipling Street, Suite 4000
 Lakewood, Colorado 80215-8000
 303-239-4139

Division of Plant Industry
Organic Certification Program

Organic Poultry Plan Questionnaire

Please fill out this form if you are requesting organic certification of poultry for slaughter or egg production. A separate organic Farm Plan Questionnaire must be filled out if you are growing your own feed or other organic crops for sale. Use additional sheets if necessary. Attachments required with questionnaire: Directions to your farm/ranch operation; farm map showing all poultry houses and outdoor access areas; Outdoor Access/Pasture History Sheet; and water test, if applicable.

QUESTIONNAIRE MUST BE FULLY COMPLETED AND TYPED OR IN INK

SECTION 1: General Information					
Name		Operation name		Type of poultry operation	
Address		City	State	Zip code	County
Mailing Address		City	State	Zip code	
Phone		Fax		E-mail	
Preferred dates and time for inspection visit: <input type="checkbox"/> morning <input type="checkbox"/> afternoon					
How many years have you raised poultry?		How many years have you raised poultry organically?		What are your sources of organic flocks information/consultation?	
Year first certified	List previous organic certification by other agencies		List current organic certification by other agencies	Do you understand current organic standards? <input type="checkbox"/> yes <input type="checkbox"/> no	
Year when complete Organic Poultry Plan Questionnaire was last submitted:					
List type of poultry and/or poultry products requested for certification:					
For re-certification, how have you addressed conditions from last year's certification: <input type="checkbox"/> No Conditions					
Have you ever been denied certification? <input type="checkbox"/> yes <input type="checkbox"/> no Do you have any outstanding noncompliances? <input type="checkbox"/> yes <input type="checkbox"/> no		If yes, describe the circumstances:			

[illegible][illegible]

[illegible]

Please provide a description of the recordkeeping system implemented to comply with the requirements established in §205.103 of the National Organic Standards

[illegible]

SECTION 2: Organic Poultry Operation Profile

List type and number of poultry requested for organic certification (O), in transition (T) and conventional (C) per year:

POULTRY TYPE	NO. HENS			NO. ROOSTERS/TOMS			NO. CAPONS		
	O	T	C	O	T	C	O	T	C
Chickens									
Turkeys									
Ducks									
Geese									
Other types									

SECTION 3: Source of Animals

Organic standards allow day old poultry to be purchased from any source.

Do you raise your own chicks/replacement egg layers on farm? ☐ yes ☐ no

Do you purchase your chicks/replacement egg layers? ☐ yes ☐ no

If yes, give specific information on purchased poultry:

TYPE OF POULTRY PURCHASED	FLOCK NUMBER	DATE OF PURCHASE	PROJECTED SLAUGHTER/EGG PRODUCTION DATE	SOURCE, ADDRESS PHONE NUMBER

DAY OLD CHICKS:

☐ Not applicable

Describe your management plan for raising chicks (heating, space allowed, etc.) _____

SECTION 4: Poultry Feed and Feed Supplements

Organic standards require that certified organic poultry be fed 100% certified organic feed. Feed supplements should not contain non-organic protein sources or prohibited materials. Please save labels for the organic inspector.

A. FEED: Feed ration table:

	LIST FEED RATION INGREDIENTS, PERCENT OF RATION, AND WHETHER ORGANIC (O) OR TRANSITIONAL (T) [EXAMPLE: CRACKED CORN, 40% (O)]
Chicks	
Pullets	
Hens	
Roosters/Toms	
Capons	
Other	

Do you raise any feed on your farm? ☐ yes ☐ no *If yes, please complete Organic Farm Plan Questionnaire.*

Describe purchased feed:

☐ No purchased feed

TYPE OF PURCHASED FEED	QUANTITY PURCHASED/ TO BE PURCHASED	DATES PURCHASED	SOURCE(S)	CERTIFIED BY WHAT AGENCY?

Do you process feed (mix, grind, roast, extrude, etc.) on-farm? ☐ yes ☐ no

If yes, is the equipment also used to process conventional products? ☐ yes ☐ no

If yes, how is equipment cleaned prior to processing organic feed to prevent contamination? _____

What is your plan for emergency feed supplies? _____

B. FEED SUPPLEMENTS AND ADDITIVES:☐ No supplements/additives

List all feed supplements and additives, including vitamins, amino acids, minerals, etc. used:

FEED SUPPLEMENT/ ADDITIVE	SOURCE	SYNTHETIC INGREDIENTS YES (Y) OR NO (N)	GEO?* YES (Y) OR NO (N)	REASON FOR USE

**Organic standards require that no genetically engineered products (GEO's) be used in organic production systems. Any supplements/additives that contain conventionally grown corn, soybeans, cotton products, etc., have the potential to be from genetically engineered sources unless the label specifically states such product is free of GEOs.*

C. FEED STORAGE:

Describe your feed storage locations:

STORAGE ID#	TYPE OF FEED STORED	TYPE OF STORAGE	CAPACITY	ORGANIC (O), TRANSITIONAL (T), CONVENTIONAL (C)

How do you control rodents in organic feed storage areas?

☐ No rodent problems

How do you control insects in organic feed storage areas?

☐ No insect problems

SECTION 5: Water

Water used for organic poultry must be potable and readily accessible. Water tests for coliform bacteria, nitrates and/or known contaminants may be required.

What are your sources of water for flock use?

☐ on-site well ☐ municipal ☐ river/creek/pond ☐ spring ☐ other _____

What is the date of your last water test for coliform bacteria and nitrates? _____ (Attach copy, if required)

If you use additives in the water, describe them in the following table:

☐ No additives used

ADDITIVE	REASON FOR USE	APPROVED (A) RESTRICTED (R)	ADDITIVE	REASON FOR USE	APPROVED (A) RESTRICTED (R) PROHIBITED (P)

Describe any water contamination problems in your region

☐ No contamination problems

If poultry have access to a river, creek, or pond, how do you prevent bank erosion? _____

SECTION 6: Housing

Organic standards require that poultry living conditions provide reasonable freedom of movement, lack of crowding, proper sanitation, fresh air, sunshine, and shelter. If animals eat the bedding, organic bedding may be required.

If your operation includes multiple poultry houses, attach a list showing each house, square footage, and number of organic poultry raised in each house if not provided on initial application or if housing has changed.

What type of housing do you use? _____

Describe sizes (length x width) and number of poultry per housing unit: _____

Describe ventilation systems you use: _____

Describe type(s) of bedding: _____

Is bedding certified organic?: _____

How often and how is housing cleaned out? _____

Name sanitation or cleaning products used and describe when they are used: _____

What source(s) of light is used in poultry housing? _____

How many hours of artificial light are provided per day? _____

Does each poultry flock have an outdoor run area? ☐ yes ☐ no

(Include these areas; showing adjoining land use, on your map, and complete Outdoor Access/Pasture History Sheet for each area if not provided on initial application of if outdoor areas have changed.)

At what age are poultry allowed access to outdoors? _____

How long are animals outdoors (hours per day)? _____ spring _____ summer _____ fall _____ winter

Is edible pasture provided in the outdoor run areas? ☐ yes ☐ no

SECTION 7: Health Management

Organic standards require a proactive health management program to prevent health problems and potential use of prohibited materials. If prohibited treatments are used, the treated animals and/or their products may not be sold as organic, according to certification agency requirements. Records must be kept of all treatments.

A. GENERAL INFORMATION:

Identify the general components of your animal health management program:

- ☐ breed selection ☐ raise own replacement stock ☐ isolation for purchased/diseased animals ☐ culling
- ☐ vaccinations ☐ good sanitation between flocks ☐ access to outdoors ☐ dry bedding
- ☐ good ventilation in housing ☐ good quality feed ☐ nutritional supplements ☐ probiotics
- ☐ other: _____

B. DISEASE/HEALTH PROBLEMS:

Describe health or disease problems in the last two years, including vaccinations

Applied at the hatchery and on-site:

☐ No problems

HEALTH PROBLEM/DISEASE	FLOCK ID	PREVENTION/MANAGEMENT PRACTICES	PRODUCT(S) USED	APPROVED (A) RESTRICTED (R) PROHIBITED (P)

Please provide copies of all vaccine and antibiotic labels

If you use antibiotics, list in table above.

☐ Not used

If you use parasiticides, list in table above.

☐ Not used

If you use vaccinations, list in table above.

☐ Not used

Name and phone number of your veterinarian:

C. FLY CONTROL:☐ Not a problem

If flies are a problem in your operation, what do you do to prevent or control them?

D. PARASITE CONTROL:☐ Not a problem

If internal or external parasites are a problem in your operation, what are they and how do you prevent or control them?

(List any products used in the table above.) Please submit copies of all labels.

E. PREDATOR CONTROL:☐ Not a problemCheck which predators you have problems with: ☐ rodents ☐ hawks ☐ feral cats ☐ raccoons/skunks, etc.☐ dogs ☐ other

Describe how you handle predator problems in this table:

PREDATOR PROBLEM	CONTROLS USED	PRODUCTS USED	APPROVED (A) RESTRICTED(R) PROHIBITED (P)
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

If you use poison baits, list products in the table above.

☐ None used**F. SURGICAL PRACTICES:***Organic standards may prohibit some surgical practice***Describe surgical practices you use:**☐ Not used

SURGICAL PRACTICE	WHY USED?
Beak trimming	<hr/>
Wing burning	<hr/>
Other:	<hr/>

SECTION 8: Manure Management*Organic standards require manure to be free of contaminants.*

If manure from your poultry is used on your fields, describe how it is used:

☐ Not used

List ingredients/additives (example: bedding, inoculants, etc.)

During what months do you apply manure/compost?

Describe your composting method(s):

☐ Composting not used

Estimated quantity of manure generated per year: _____ tons

Acres of land available for manure application: _____ acres

SECTION 9: Handling for Slaughter

Organic standards require that humane methods of handling be used for loading, unloading, holding and slaughter. Slaughter facilities must be certified.

If you slaughter your poultry, describe slaughter and meat processing procedures:

☐ We don't slaughter

Name, address, and phone number of facility where your animals are slaughtered: _____

Contact person _____ Is the facility certified organic? ☐ yes ☐ no By what agency? _____

How are animals loaded? _____

How many animals are loaded per cage? _____

What form of transportation is used? _____

How long does transportation take? _____

Are animals provided with food in transit? ☐ yes ☐ no Water? ☐ yes ☐ no

How many hours from loading until time of slaughter? _____

Are organic animals kept separate from non-organic animals? ☐ yes ☐ no

Describe the method of slaughter and equipment used: _____

How is equipment cleaned before using? List products used. _____

SECTION 10: Egg Handling and Packing

Facilities that handle organic eggs must be inspected and certified to verify that organic integrity is maintained.

Name, address, and phone number of facility where eggs are washed, graded and packed:

☐ on-farm

Contact person _____ Is the facility certified organic? ☐ yes ☐ no By what agency? _____

Do you or the facility have an egg handler's license? ☐ yes ☐ no

SECTION 11: Animal Identification

Organic standards require flock identification for poultry. Separation and identification are required for those animals that have been treated with prohibited products.

Describe your flock identification system: _____

If individual animals are treated with prohibited materials, how are they identified and/or segregated? _____

If the entire flock is treated with prohibited materials, what changes do you make to insure that this flock is not sold as organic? _____

SECTION 12: Recordkeeping

Organic standards require documentation of purchased animals and/or breeding records; purchased feed and feed supplements; health records; and sales/shipping records. Other records include water tests and label information from purchased feed/feed supplements. Please have your records available for review by the inspector.

Check types of records you keep:

- ☐ documentation of purchased animals ☐ breeding ☐ purchased feed/feed supplements ☐ feed labels
☐ feed storage ☐ flock health ☐ dead bird counts ☐ water usage ☐ weight gain ☐ sanitation records
☐ sales ☐ slaughter ☐ egg handling reports ☐ shipping/transportation ☐ other _____

SECTION 13: Marketing

TYPE OF MARKETING:

- ☐ farmers market ☐ direct to retail ☐ CSA/subscription service ☐ wholesale ☐ on-farm retail
☐ wholesale to processor ☐ contract to buyer ☐ other _____

Do you use the seal of the certification agency on organic product labels? ☐ yes ☐ no
(Attach examples of all organic product labels.)

SECTION 15: Affirmation

I affirm that all statements made in this application are true and correct. No prohibited products have been applied to any of the organically managed outdoor access areas for the last three years, nor to any animals I plan to sell as organic. I understand that my operation may be subject to unannounced inspection and/or sampling for residues at any time. I agree to follow all the applicable organic standards set forth in the National Organic Program regulations, 7 CFR Part 205.

Signature of Operator _____ Date _____

The business is operating as a:

- ☐ Sole Proprietorship
☐ Partnership
☐ Corporation Date Incorporated: _____
☐ Other Describe: _____

List the person(s) authorized to receive and accept service of summons and legal notices of all kinds for the applicant in the state of Colorado.

Name: _____ Title: _____

Complete Address: _____

I have attached the following additional documents:

- ☐ **Maps of the operation** (including outdoor access areas and showing adjoining land use and identification)
☐ **Directions to farm/ranch**
☐ **Water test, if applicable**
☐ **Housing records** (showing size and number of poultry per house)
☐ **Organic product labels for your products** (if applicable)
☐ **Outdoor Access/Pasture History Sheet**